

FORM LM-30  
LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>7558</u>	2. Fiscal Year Covered From: <u>07/01/2004</u> Through <u>06/30/2005</u>
3. Name and address of person filing.	
Name <u>HAROLD L. RIFE</u>	4. Name, file number, and address of labor organization.
P.O. Box, Bldg., Room No., if any	Labor Organization File Number <u>022471</u>
Street <u>3010 WEST 100 WOOD ST.</u>	P.O. Box, Building and Room Number, if any
City <u>WARRENVILLE</u>	Street <u>240 WEST ST. CHARLES ROAD</u>
State <u>ILL</u>	City <u>VILLA PARK</u>
ZIP Code + 4 <u>60595</u>	State <u>ILL</u>
ZIP Code + 4 <u>60181</u>	
5. Position in labor organization. <u>BUSINESS AGENT TRUSTEE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the Instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name <input type="text"/>	<input type="text"/>
Trade Name, if any: <input type="text"/>	<input type="text"/>
P.O. Box, Bldg., Room No., if any <input type="text"/>	<input type="text"/>
Street <input type="text"/>	<input type="text"/>
City <input type="text"/>	<input type="text"/>
State <input type="text"/>	<input type="text"/>
ZIP Code + 4 <input type="text"/>	<input type="text"/>
7.b. Amount.	

Signature

8. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the Instructions.)

Signed Harold L. Rife

On 8-11-05

Date

630-393-6025

Telephone Number

B. Hold an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employee your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 6. Name and address of Business (including trade name, if any).

Name **LEGACY PROFESSIONALS LLC**Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street **30, NORTH LASALLE ST. SUITE 4000**City **CHICAGO**State **ILL** ZIP Code + 4 **60601**

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **DUPAGE COUNTY CEMENT MASON LEADS LLC**Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street **240 W. ST. CHARLES Road**City **VILLA PARK**State **ILL** ZIP Code + 4 **60181**

## 9. Business deals with:

- a. Labor Organization  
 b. Trust  
 c. Employee

## 11.a. Nature of such dealing.

**FUND ACCOUNTANT**

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

**GOL-f**

## 12.b. Amount.

**100.00**

## C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations committee to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Committee (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street City State  ZIP Code + 4 

## 14.a. Nature of payment.

13.b. Is the Business an Employer <input type="checkbox"/>	or Committee <input type="checkbox"/>	7
14.b. Amount of payment.		
<b></b>		